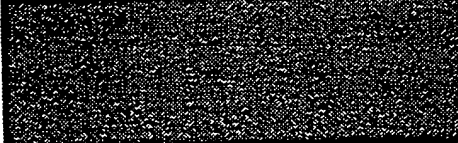**DATE:** 8-31-00   **FROM:** B. TIEU   (print name)

FORWARD TO: 2743
A. Art Unit: _____
B. Class: _____
C Subclass: _____

REASON(S):
A. You had Parent   ☐ (check box)
B. See Title   ☑ (check box)
C. See Abstract   ☑ (check box)
D. See Claim(s):   1

FURTHER EXPLANATION IF NEEDED:
Billing

DATE: _____   **FROM:** _____ (print name)

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

REASON(S):
A. You had Parent   ☐ (check box)
B. See Title   ☐ (check box)
C. See Abstract   ☐ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____   **FROM:** _____ (print name)

FORWARD TO CLASSIFIER

REASON(S):
A. You had Parent   ☐ (check box)
B. See Title   ☐ (check box)
C. See Abstract   ☐ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____   **CLASSIFIER:** _____

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

REASON(S):
A. You had Parent   ☐ (check box)
B. See Title   ☐ (check box)
C. See Abstract   ☐ (check box)
D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: